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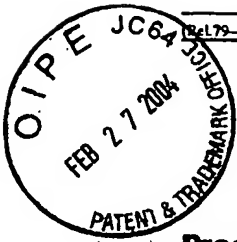
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Practitioner's Docket No. 03124

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Gillen et al.

Application No.: 0 /

Group No.:

Filed:

Examiner:

For: Protective Body Vest

Assistant Commissioner for Patents

Washington, D.C. 20231

ATTENTION: Group Director, Group _____ (M.P.E.P. § 1002.02(c))

PETITION TO MAKE SPECIAL BECAUSE OF APPLICANT'S HEALTH
(37 C.F.R. § 1.102(c) and M.P.E.P. § 708.02 III)

NOTE: See M.P.E.P. § 708.02, 7th ed.

Applicant hereby petitions to make this application special because applicant's state of health is such that he/she might not be available to assist in the prosecution of this application, if it were to run its normal course.

As a showing of this fact, accompanying this petition is:

(check one of the following)

- ☐ a certificate by applicant's doctor.
☒ other: Statement by Attending Physician (2p).

In accordance with 37 C.F.R. § 1.102(c), no fee is required for this petition.

Reg. No.: 20,109

Tel. No.: (847) 304.1500

Customer No.: 30114

SIGNATURE OF PRACTITIONERCharles F. Meroni, Jr.
(type or print name of practitioner)

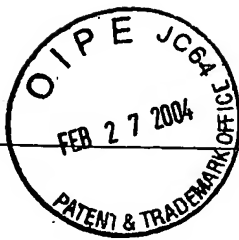
P.O. Box 309

P.O. Address

Barrington, IL 60011

NORTH SHORE ONCOLOGY -
HEMATOLOGY ASSOCIATES LTD.

Barrington • Libertyville



Michael K. Cochran, M.D. David J. Slivnick, M.D.
Dean G. Tsarwhas, M.D. Robert W. Mandal, M.D.
Michael B. Soble, M.D.

COPY

April 8, 2002

Re: James Gillen

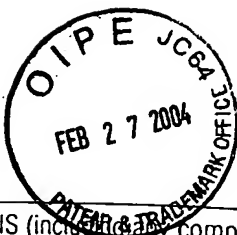
To Whom It May Concern:

James Gillen is a patient of mine with a diagnosis of an islet cell carcinoma of the pancreas with hepatic metastases. The patient to date has undergone surgery at the Mayo Clinic as well as chronic suppressive therapy with monthly Sandostatin. At this time, he has progressive disease within the liver and will need further treatment possibly to include chemotherapy, additional surgery, or radioactive Sandostatin. Mr. Gillen's case clearly involves metastatic cancer with a very guarded prognosis.

If additional information is required, please contact me.

Sincerely,

Michael K. Cochran, M.D.



ATTENDING PHYSICIAN'S SUPPLEMENTAL STATEMENT
ACCIDENT OR SICKNESS

Please Answer All Questions

TO BE COMPLETED BY ATTENDING PHYSICIAN

COPY

1. DIAGNOSIS (including any complications)

a. Diagnosis (including any complications)

b. Subjective symptoms

c. Objective findings (including current X-rays, EKG's, Laboratory Data and any clinical findings)

PANCREATIC ISLET CELL CANCER
WITH LIVER METASTASES
ANEMIA
DIZZINESS & FATIGUE

DECEMBER 2 SCAN
OF LIVER

2. DATES OF TREATMENT

a. Date of last visit

Mo. 5 Day 17 192001

b. Frequency

☐ Weekly ☒ Monthly ☐ Other (Specify)

3. NATURE OF TREATMENT (Including Surgery and medications prescribed, if any)

INSULIN SANDAGLITIN

4. PROGRESS

a. Has patient

☐ Recovered?

☒ Improved?

☐ Unchanged?

☐ Retrogressed?

b. Is patient

☒ Ambulatory?

☐ House Confined?

☐ Bed confined?

☐ Hospital confined?

c. Has patient been hospital confined?

☒ Yes

☐ No

If yes, give Name and Address of Hospital

3/12-3/15/01

Confined from

through

ARIZONA WISCONSIN - MADISON - SUNSHINE

5. CARDIAC (If Applicable)

a. Functional capacity

☐ Class 1 (No limitation)

☐ Class 2 (Slight limitation)

☐ Class (Marked limitation)

☐ Class 4 (Complete limitation)

(American Heart Association)

b. Blood Pressure (last visit)

systolic/diastolic

N.A.

6. RESTRICTIONS (what the patient SHOULD NOT do)

LIMITATIONS (what the patient CANNOT do)

7. MENTAL IMPAIRMENT (if applicable) Provide 5 AXIS Diagnosis

I.
II.
III.
IV.
V.

Remarks:

8. PROGNOSIS

a. Is patient now totally disabled?

b. What duties of patient's job is he/she incapable of performing?

PATIENT'S JOB

☒ Yes ☐ No

ANY OTHER WORK

☒ Yes ☐ No

Do you expect a fundamental or marked change in the future?

1. If yes, when will patient recover sufficiently to perform duties

2. If no, please explain

Mo. Day Yr.

☐ Yes

☒ No

☐ 1 Mo.

☐ 3-6 Mos.

☐ 1-3 Mos.

☐ Never

Mo. Day Yr.

☐ Yes

☒ No

☐ 1 Mo.

☐ 3-6 Mos.

☐ 1-3 Mos.

☐ Never

9. REHABILITATION

a. Is patient a suitable candidate for further rehabilitation services? (i.e., cardiopulmonary program, speech therapy, etc.)

b. If employer can accommodate patient's limitations and restrictions is patient able to return to work?

c. What date would employment begin?

d. Would vocational counseling and/or retraining be recommended?

PATIENT'S JOB

☐ Yes ☒ No

ANY OTHER WORK

☐ Yes ☒ No

☐ Yes

☒ No

☐ Full-time

☐ Part-time

☐ Yes

☐ No

10. REMARKS

THIS PATIENT HAS AN ISCHAEIC
METASTATIC CANCER

Physician Name (Please Print)

MICHAEL COCHRAN MD

Specialty

Medical oncologist

Degree

Phone No.

217-267-1781

Fax No.

217-8008

Address

1800 Hollister Dr. Suite 12

City Libertyville

State

IL

Zip

60048

Signature (No Stamp)

M. Cochran